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APPLICANTS

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**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0403509.3 02/17/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

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TITLE

Galanin Receptors and Brain Injury

FILING FEE RECEIVED 1290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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